

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID	2. Company Name	For OIC Use Only	
		[] File ID	[] Analyst
3. Date Submitted	4. Proposed Effective Date	Approved	Date
		Reviewed	Initials
5. Contact	6. Title	Withdrawn	
		Disapproved	
7. Phone	8. Fax #	Acknowledged	
		State Tracking #	
9. E-Mail	10. Purpose of Filing		

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT				
11.	<input type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
12.	<input type="checkbox"/> Individual			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
18: RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary				
<input type="checkbox"/> For-Public				
19: NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:		
Group Name:		Group Number:		
Standard Master Contract Number (short form filings only):		Effective Date:		
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
20: NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
Please note that rate filings and form filings must be submitted together for new plans				

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #:
Effective Date:

INSTRUCTIONS FOR COMPLETING THE TRANSMITTAL (INS – 1120)

Transmittal forms that are incomplete or missing information will delay your filing because they cannot be processed and will be returned to you.

1. **Company I.D.:** Enter the code located on the certificate of registration assigned by the OIC.
2. **Company Name/Address:** Enter the company's name and mailing address as registered by the OIC.
3. **Date Submitted:** Enter the date the filing is mailed by your company
4. **Proposed Effective Date:** Enter the prospective date on which the filing would be in effect. If the filing is for a negotiated group, enter the date on which the filing is to be, or was effective. This date should not be more than 30 days prior to the "Date Submitted."
5. **Contact:** Enter the name of the person who prepared the documents for submission.
6. **Title:**
7. **Phone:**
8. **Fax #:**
9. **E-Mail:**
10. **Purpose of Filing:** Describe what the filing is intended to do, in 10 words or less. For example, "This filing will add the new women's health care language."
11. **Large Group Contract/Small Group Contract:** Check if filing a large group or small group standard master contract (under 50) and group application, member application, certificate of coverage or endorsement boxes.
 - A. **Contract Number/Effective Date:** Enter the number and date used to identify the contract. This number should be located on the lower left-hand side of the contract. (If no form number is in the lower left-hand corner or the numbers of the filing pieces do not correspond, ***the filing will be returned as incomplete***).
 - B. **Prior Contract Number/Effective Date:** If the form has a previous number and date, enter it here. List any additional forms on attached sheet.
 - C. **Product Name:** Enter the name of the product. For example: Traditional 100.
12. **Individual:** Check this box if this product is sold to individuals. Check boxes for relevant application, endorsement or rider.
13. **Conversion:** Check this box if this product is a conversion plan. Check endorsement/rider if applicable.
14. **Network Reports:** Check this box if filing a network report. Check appropriate report box below.
15. **Other:** Check this box if filing advertising or company name change.
16. **Limited Schedule of Benefits:** Check this box if filing a limited schedule of benefits plan for small employers as defined by RCW 48.44.023(1) or RCW 48.46.066(1). Also check when filing group application, member application, certificate of coverage, endorsements or riders, and benefit brochure.
17. **Provider Agreement:** Check this box if filing a form for contractual agreements with providers.
18. **Proprietary/For-Public:** Check the appropriate categories that apply if your filing includes premium rates.
19. **Negotiated Contract:** Check if contract is fully negotiated or a short-form filing with less than 12 deviations from the standard master contract. Check if purchasing group is for an employer, association, governmental entity, trust, or union. Please include the negotiated contract # and group number. "Paperwork" includes association bylaws and fees for membership when association or trust is purchaser, group application, and member application. If a short-form filing, please list the filed standard master contract negotiated from. List the applications, certificate of coverage and all additional forms (include form numbers) on additional forms sheet.
20. **Negotiated Endorsement/Rider:** Check box if filing endorsement/rider for previously filed fully negotiated contract. Check applicable box for previously filed forms being modified and include form numbers. Complete section 19 with the negotiated contract # and name the endorsement/rider is associated with.
21. **Additional Group Numbers:** If more than a single group shares the contract, please list all corresponding group numbers.
22. **Additional Form Numbers:** Please complete attached sheet if additional riders, endorsements, summary of benefits, or other forms are included in this filing.

PROPRIETARY STATUS – RCW 48.02.120(3) provides that actuarial formulas, statistics and assumption shall be withheld from public inspection in order to preserve trade secrets or prevent unfair competition. Carriers desiring to withhold specific information from public inspections shall: (1) check the proprietary box on line 29, and (2) clearly separate and identify the materials that are desired to be non-public. Preface the separate non-public materials with written justification.

**GROUPS OTHER THAN SMALL GROUPS FILING SUMMARY
(WAC 284-43-950)**

Carrier Name	
Address	
Contract Holder/Pool Category and Name (Check One Box)	<input type="checkbox"/> Single Employer Group: Employer Name:
	<input type="checkbox"/> Multiemployer other than Association/Trust Groups Group Pool Name:
	<input type="checkbox"/> Association/Trust Groups Association/Trust Group Name:
Contract Form Number	
Rate Form Number (if different from Contract Form Number)	
Product Name	

Rate Renewal Period:	From:	To:
Date Submitted:		
Type of Filing (check one box):	<input type="checkbox"/> New Group Contract <input type="checkbox"/> Revision of Existing Group Contract	

Rate Summary

Current Rate (Composite per employee or per member)	\$ per member per month
Percentage Rate Change	
New Rate	\$ per member per month
Average Number of Enrollees Each Month During the Experience Period (If the average number of enrollees is equal to or less than fifty, explain why this is not a small group, as defined in RCW 48.43.005.)	
Anticipated Loss Ratio	
Portion of carrier's total enrollment affected Portion of carrier's total premium revenue affected	

Summary of Contract Experience

	Experience Period	First Prior Period	Second Prior Period
	From To	From To	From To
Member Months			
Billed Premium			
Incurred Claims			
Expenses			
Gain/Loss			
Experience Refund/Credit or Recoupment			
Earned Premium (Billed Premium - ./+ Refund/Credit or Recoupment)			
Loss Ratio Percentage			

Comments or additional information.	
<div style="margin-top: 0;">Preparer's Information</div> <div style="margin-top: 20px;"> Name: _____ </div> <div style="margin-top: 10px;"> Title: _____ </div> <div style="margin-top: 10px;"> Telephone _____ </div> <div style="margin-top: 10px;"> Number: _____ </div>	